ST COLETTA OF WISCONSIN, INC. - ALVERNO

DI COLDIII OI WIDCONDIN, INC. MEVELINO			
W4955 HWY 18			
JEFFERSON 53549 Phone: (920) 674-8349	)	Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	FDDs
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/03):	76	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/03):	76	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	70	Average Daily Census:	69

Services Provided to Non-Residents		Age, Gender, and Primary Di	Length of Stay (12/31/03)	8					
Home Health Care Supp. Home Care-Personal Care	No Yes	   Primary Diagnosis 			응 		10.0		
Supp. Home Care-Household Services No		Developmental Disabilities	100.0	Under 65	72.9	More Than 4 Years	62.9		
Day Services Yes		Mental Illness (Org./Psy)	0.0	65 - 74	12.9				
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	11.4		92.9		
Adult Day Care Yes		Alcohol & Other Drug Abuse	0.0	85 - 94	2.9	********	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent			
Congregate Meals No		Cancer			Nursing Staff per 100 Residents				
Home Delivered Meals No		Fractures				(12/31/03)			
Other Meals	Yes	Cardiovascular	0.0	65 & Over	27.1				
Transportation	Yes	Cerebrovascular	0.0			RNs	2.5		
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	6.1		
Other Services	No	Respiratory 0.0				Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	0.0	Male	44.3	Aides, & Orderlies	62.3		
Mentally Ill	No			Female	55.7				
Provide Day Programming for			100.0						
Developmentally Disabled	Yes				100.0				
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## Method of Reimbursement

	Medicare Medicaid (Title 18) (Title 19)			Other			Private Pay			Family Care		Managed Care								
Level of Care	No.	્રે	Per Diem (\$)	No.	ફ	Per Diem (\$)	No.	ુ	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	ક	Per Diem (\$)	No.	용	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				65	100.0	168	0	0.0	0	5	100.0	180	0	0.0	0	0	0.0	0	70	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		65	100.0		0	0.0		5	100.0		0	0.0		0	0.0		70	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	n of Residents'	Condit	ions, Services, and	d Activities as of 12/	31/03
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:		Activities of	8	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	27.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	11.4		37.1	51.4	70
Other Nursing Homes	0.0	Dressing	25.7		45.7	28.6	70
Acute Care Hospitals	22.2	Transferring	57.1		21.4	21.4	70
Psych. HospMR/DD Facilities	0.0	Toilet Use	44.3		28.6	27.1	70
Rehabilitation Hospitals	0.0	Eating	68.6		10.0	21.4	70
Other Locations	50.0	*****	******	****	*****	*****	*****
Total Number of Admissions	18	Continence		%	Special Treatment	cs	용
Percent Discharges To:	1	Indwelling Or Extern	nal Catheter	2.9	Receiving Resp	iratory Care	4.3
Private Home/No Home Health	0.0	Occ/Freq. Incontiner	nt of Bladder	47.1	Receiving Track	neostomy Care	1.4
Private Home/With Home Health	0.0	Occ/Freq. Incontine	nt of Bowel	42.9	Receiving Suct	ioning	0.0
Other Nursing Homes	0.0	<del>-</del>			Receiving Ostor	my Care	0.0
Acute Care Hospitals	0.0	Mobility			Receiving Tube	Feeding	2.9
Psych. HospMR/DD Facilities	5.3	Physically Restraine	ed	0.0	Receiving Mecha	anically Altered Diets	37.1
Rehabilitation Hospitals	0.0				_	_	
Other Locations	26.3	Skin Care			Other Resident Cl	naracteristics	
Deaths	68.4	With Pressure Sores		0.0	Have Advance D	irectives	98.6
Total Number of Discharges	i	With Rashes		0.0	Medications		
(Including Deaths)	19 i				Receiving Psycl	noactive Drugs	34.3

	This Facility		FDD cilities		All ilties	
	8 	\{ 	Ratio	% 	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	90.8	89.6	1.01	87.4	1.04	
Current Residents from In-County	18.6	33.5	0.55	76.7	0.24	
Admissions from In-County, Still Residing	22.2	11.3	1.97	19.6	1.13	
Admissions/Average Daily Census	26.1	21.3	1.23	141.3	0.18	
Discharges/Average Daily Census	27.5	25.0	1.10	142.5	0.19	
Discharges To Private Residence/Average Daily Census	0.0	11.4	0.00	61.6	0.00	
Residents Receiving Skilled Care	0.0	0.0	0.00	88.1	0.00	
Residents Aged 65 and Older	27.1	15.3	1.77	87.8	0.31	
Title 19 (Medicaid) Funded Residents	92.9	99.3	0.93	65.9	1.41	
Private Pay Funded Residents	7.1	0.5	12.99	21.0	0.34	
Developmentally Disabled Residents	100.0	99.4	1.01	6.5	15.40	
Mentally Ill Residents	0.0	0.3	0.00	33.6	0.00	
General Medical Service Residents	0.0	0.3	0.00	20.6	0.00	
Impaired ADL (Mean)*	44.6	53.1	0.84	49.4	0.90	
Psychological Problems	34.3	50.1	0.68	57.4	0.60	
Nursing Care Required (Mean) *	5.7	11.0	0.52	7.3	0.78	